



PROFESSIONAL BOXING, MARTIAL ARTS
AND WRESTLING SECTION
P.O. BOX 9048
OLYMPIA, WA 98507-9048
(360)664-6644
FAX (360)570-4956
E-MAIL: plssunit@dol.wa.gov
www.dol.wa.gov/plss/pafront/htm

**APPLICATION FOR LICENSURE AS A
PROMOTER/EVENT**

**TO HOLD PROFESSIONAL BOXING, MARTIAL ARTS, WRESTLING, OR
CLOSED CIRCUIT TELECAST EVENTS**

FEES: \$50.00; and

A sales tax of 5% of the gross receipts collected per event.

FOR VALIDATION ONLY

Boxing Event - 21010; Boxing Promoter - 21016;
Martial Arts Event - 21070; Martial Arts Promoter - 21076;
Wrestling Event - 21050; Wrestling Promoter - 21056

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

PROMOTER INFORMATION

Please type or print clearly

Business Name _____

Business Mailing Address _____

City _____ State _____ Zip _____ County _____

Physical Address of Business _____
IF DIFFERENT FROM ABOVE

City _____ State _____ Zip _____ County _____

Business Telephone No. (_____) _____
AREA CODE

Washington Corporation No. _____ IF APPLICABLE WA Revenue Tax No. _____ UNIFIED BUSINESS IDENTIFIER

Type of Business: ☐ **Sole Proprietor** ☐ **Partnership** ☐ **Corporation** If you checked Partnership
or Corporation, attach a copy of the partnership agreement or the current Washington corporation document.

APPLICANT INFORMATION

Applicant Name (PROMOTER) _____
LAST FIRST MI

Mailing Address _____

City _____ State _____ Zip _____ Telephone No. (_____) _____
AREA CODE

OFFICE USE ONLY

Comments: _____

EVENT INFORMATION

Physical Address of Event _____

CITY

STATE

ZIP

COUNTY

Date of Event ____/____/____ Event Location Telephone No. (____) _____
MONTH DAY YEAR AREA CODE

Matchmaker Name _____
LAST FIRST MI

Matchmaker License No. _____

APPLICANT PERSONAL DATA

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ YES ☐ NO
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ YES ☐ NO
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? ☐ YES ☐ NO

Please attach a letter of explanation for any affirmative answers to the above questions, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the responsible owner/promoter and that I am authorized to sign for the partnership or corporation (if applicable), and that all individuals hired by me to do business in this state shall be properly licensed.

I have carefully read the information herein, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this statement of record, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license as defined in RCW 67.08 in the state of Washington.

X

SIGNATURE OF APPLICANT

TITLE

DATE

CITY

STATE

Upon Filing, This Application Becomes A Public Record And Is Subject To Public Disclosure Provisions Pursuant To RCW 42.17